

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39119  
10164  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS				d. STREET ADDRESS (If rural, give location) 4421 PAGE AVE.			
3. NAME OF DECEASED (Type or Print) EVELYN		a. (First) _____ b. (Middle) _____ c. (Last) TRAVIS		4. DATE OF DEATH 11 27 50		(Month) (Day) (Year)	
5. SEX F 3		6. COLOR OR RACE COI		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH MARCH 18-05 45	
9. AGE (In years last birthday) 45		10. UNDER 1 YEAR 8		10. UNDER 1 YEAR 2		10. UNDER 1 YEAR 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES LADY				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) CANTON MISS.				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME DAN WRIGHT		13b. MOTHER'S MAIDEN NAME MARY WINTERS		14. NAME OF HUSBAND OR WIFE SAM. TRAVIS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Colonel Brown. 4236 W. 42nd St. St. Louis			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left Deep Thrombophlebitis DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia				INTERVAL BETWEEN ONSET AND DEATH Undet.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? H64X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 11-16, 1950, to 11-27, 1950, that I last saw the deceased alive on 11-27, 1950, and that death occurred at 7:15a m., from the causes and on the date stated above.			
23a. SIGNATURE J. L. Law Law M. D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 11-29-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-2-50		24c. NAME OF CEMETERY OR CREMATORY GREENWOOD Cem		24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY. MO	
DATE REC'D BY LOCAL REG. NOV 29 1950		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE A. J. Walton 2107 Stoddard St			

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Arthur L. Hilliard

Licensed Embalmer No.

4221

P. O. Address

4049 St Ferdinand

Note: -The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.